

ESHNER (A. A.) ab

LARGE ANEURISM OF THE THORACIC AORTA.

BY

AUGUSTUS A. ESHNER, M.D.,

CHIEF CLINICAL ASSISTANT, MEDICAL OUT-PATIENT DEPARTMENT, JEFFERSON
MEDICAL COLLEGE HOSPITAL.

FROM

THE MEDICAL NEWS,

October 29, 1892.

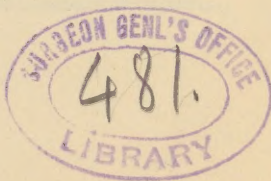


LARGE ANEURISM OF THE THORACIC AORTA.¹

BY AUGUSTUS A. ESHNER, M.D.,
CHIEF CLINICAL ASSISTANT, MEDICAL OUT-PATIENT DEPARTMENT,
JEFFERSON MEDICAL COLLEGE HOSPITAL.

H. W. G., a compositor, fifty-four years old, was admitted to Jefferson Hospital late in the day on September 20th, with a history of having shortly before vomited a large quantity of bright-red blood—more than a pint, it was stated. The man was extremely sallow, and rather emaciated. He related that nine months previously he had had an attack of influenza, in the sequence of which his other symptoms seemed to appear. He found that he had some difficulty of swallowing, with a sense of lodgment of ingested food at a point to the left of the ensiform cartilage, to which eructation gave some relief. Flatulent distention occasioned distress. To these manifestations vomiting was added, the rejection of food taking place usually during the act of eating, practically as soon as the act of swallowing was completed. Nausea was wanting, and there had previously never been hematemesis. The man had lost forty pounds in weight in the course of nine months. He complained of severe pain in the epigastric region, and of boring pain in the spine at a corresponding level. There was a history of bilious attacks, in which the patient stated that there had been some discoloration of the skin. The bowels were, as a rule, constipated. I

¹ Presented to the Pathological Society of Philadelphia, October 15, 1892.



saw the man but once during life, and made but a partial examination. On percussion of the abdomen an area of dulness was found within the limits formed by the middle line on the left, the flank on the right, the costal arch above, and a line an inch below the level of the umbilicus, which offered an obscure sense of resistance. The remainder of the abdomen yielded a tympanitic note. The resident physician, Dr. Arnold, had listened carefully to the heart, and had detected no adventitious sound. The pulse was weak. There was no edema. There was no shortness of breath, and the man maintained the recumbent posture in comfort. There was no cough. There was moderate spitting of blood-mixed saliva. Following the initial hemorrhage the stools had been observed to be tarry. From the apparent cachexia, the emaciation, the dulness on percussion, the sense of resistance on palpation, the situation and character of the pain, and the course and duration of the case, a diagnosis of carcinoma of the stomach was made. On the second day after his admission to the hospital the patient again vomited a considerable quantity of blood and passed some eight ounces by the bowel, syncope following. He failed to respond to stimulants, and died without reacting.

At the autopsy, held eight hours after death, the intestines were found moderately, and the stomach considerably, distended, especially toward its cardiac extremity. When opened, the stomach was found to contain about a pint and a half of partly fluid and partly clotted blood. The small and large intestines likewise contained large quantities of dark, semi-liquid blood. The pericardial cavity contained about four ounces of turbid serum and a few flakes of recent lymph. The anterior and posterior surfaces of the heart presented several longitudinal patches of old organized exudation. The ventricles were contracted, the left with particular firmness. The left auriculo-ventricular orifice

admitted the tips of three fingers. The mitral leaflets were moderately thickened. The aortic semilunar leaflets presented a similar change, though in much slighter degree. The aorta beyond was rough, irregular, and presented evidences of advanced inflammatory and degenerative changes. The left lung was everywhere bound by adhesions of considerable firmness, and its removal was attended with a good deal of difficulty. The lung was found to have been compressed, and to have been much reduced in size. In the course of its removal it was seen to be in intimate relation with a large elastic mass situated in the posterior mediastinum, rather to the left of the median line, behind the pericardial sac, in front of the esophagus and extending from about the level of the sixth dorsal vertebra to the level of the twelfth dorsal vertebra. The right lung was free, except over a small extent of surface posteriorly and superiorly. The apices of both lungs presented slight puckering on the surface, but on section there was no indication of infiltration of the parenchyma. The bronchial glands were enlarged and anthracotic. The retro-peritoneal glands were slightly enlarged, but firm and elastic. On section they presented a gelatinous appearance. The liver appeared of normal size and texture; its cut surface was pale. The spleen was elongated and flattened. The organ was pale on section, but its gross appearance was otherwise unchanged; its texture was of diminished consistency. The kidneys were, perhaps, slightly reduced in size, and presented numerous cysts upon the surface. On section pallor was evident, while both cortical and medullary tissues seemed to have undergone diminution. The capsules stripped readily, exposing a smooth surface. The bladder contained about four ounces of pale urine. Its walls were thickened. The prostate was considerably enlarged. The thoracic and abdominal viscera were removed *en masse*. The mediastinal mass was

proved to be an enormous aneurism of the thoracic aorta that had ruptured into the esophagus. The aneurism was about seven inches long, about five and a half inches transversely, and four inches antero-posteriorly. There was considerable thickening, discoloration, and infiltration of the esophagus about the irregular and ragged opening through which the fatal hemorrhage had taken place. The adjacent portion of the left lung was likewise discolored and infiltrated. The bodies of the vertebræ were not affected. The aneurism was filled almost entirely with a fibrinous, laminated clot of firm, elastic consistence. The lumen of the abdominal aorta, as it came off from the aneurism, corresponded with the circumference of the little finger.

The case here reported presents a number of interesting features. First, as to diagnosis. It is doubtful if this could have been made absolutely by physical examination. The growth was not accessible to palpation, percussion, or auscultation; but the occurrence of hemorrhage, with the subjective sensation of an obstruction in swallowing on the part of the patient, should at least have excited suspicion. The passage of a probang was absolutely contra-indicated. The great size of the aneurism and its unusual situation are also interesting. It is surprising that more pronounced cardiac symptoms were not occasioned, interfering with the action of the heart as the tumor must have done. The development of the aneurism must have been extremely insidious and gradual, to allow of the accommodation of the adjacent structures to the presence of such a large disturbing element, for the patient had pursued his usual avocation until the time of his admission to the hospital.

The Medical News.

Established in 1843.

A WEEKLY MEDICAL NEWSPAPER.

Subscription, \$4.00 per Annum.

The American Journal

OF THE

Medical Sciences.

Established in 1820

A MONTHLY MEDICAL MAGAZINE.

Subscription, \$4.00 per Annum.

COMMUTATION RATE, \$7.50 PER ANNUM.

LEA BROTHERS & CO.

PHILADELPHIA.